## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

10/009588

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS				•				RATE	FEE	1.	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	445	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			고/ minus 20=		• /			X\$ 9=	. 9	OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =					X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESI					·			+140=		OR	+280=	
• 11		in column 1 is	·			olumn 2		TOTAL	454	OR	TOTAL	
	С	(Column 1)	MENDE	D - PAR (Colu	1.5	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.21	Minus	·á				X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus	PENDENT	CLAIM			X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM BEST AVAILAB								140ā COP	<b>V</b> *** '**	OR	+280=	<u>م.</u>
,	7-8-05 (Column 1) (Column 2) (Column 3)									OR	ADDIT. PEE	
	1-0-03	(Column 1)		(Colur		(Column 3)			•	٠.	•	
DIMENT B		REMAINING AFTER AMENDMENT		NUM PREVK PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 14	Minus	tt .	20.			X\$ 9=		OR	X\$18=	
AME	Independent	• 2 NTATION OF MI	Minus	SENIOENII	3		11	X42=	ر د د د د د د د د د د د د د د د د د د د	OR	X84=	
	FIRST PRESE	NIAHON OF MI	JETIPLE DE	PENDENI	CLAIM		<b>'</b> [	+140=		OR	+280=	
								TOTAL DOIT, FEE		OR	TOTAL ADDIT. FEE	·
(Column 1) (Column 2) (Column 3)												
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	][	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total	•	Minus	910		8		X\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	***	والبيد	·	11	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL						1	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the entry in column 1 is less than 20, nier 20.*  Approx.								TOTAL ODIT. FEE		<b>A</b> B	TOTAL ADDIT. FEE	
***If th "High st Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  FORM PTO-873 (Rev. 8/01)												